

GREENWOOD COUNTY LANDFILL

ACCOUNT APPLICATION/AGREEMENT

- TERMS:**
1. Accounts are for Greenwood County local contractors and local businesses.
 2. Bills are mailed out by the 5th of the month.
 3. Account balances are due by the last day of the month.
 4. If accounts are not paid in full by the last day of the month, Landfill privileges will be suspended until the account is paid in full.
 5. Account suspended three (3) times will be closed.

_____ COMPANY NAME	_____ OWNER/RESPONSIBLE PERSON
Mailing Address	Phone Number (work)_____
_____	Home_____
_____	Mobile_____

I am duly authorized to enter into this agreement with the Greenwood County Landfill and agree to the above outlined terms of the account.

_____ Name (Please Print)	_____ Signature	_____ Date
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Office Use Only:

Approved: Yes_____ No_____ If No, Reason:_____

Date Approved: _____

Account Number Assigned: _____

Vehicle Number Assigned: _____

NOTE: Greenwood County Landfill does not accept Out Of County Waste.

*** If you have any questions regarding your landfill account or landfill statement please call Donna Sightler at 942-8754 or FAX 942-8756.**